

# **EARLY CHILDHOOD DEVELOPMENT ACT**

**(Senate Bill 658)**

## ***Program Guidelines and Administrative Manual***

**Revised January, 2008  
Missouri Department of Elementary and Secondary Education  
D. Kent King, Commissioner of Education**

## FOREWORD

Quality parent and early childhood education has been a priority of the Missouri State Board of Education since 1972. In its special report Reaching for Excellence: An Action Plan for Educational Reform in Missouri (March 1984), the State Board of Education recommended that high-quality educational services be made available to every family and preschooler in the State of Missouri.

The 83<sup>rd</sup> General Assembly enacted Senate Bill 658, the Early Childhood Development Act (ECDA), which authorizes the administration of a program of services for children below kindergarten entry and their parents. This landmark legislation was broadly supported by many agencies, organizations, and individuals. The Department of Social Services, Department of Health and Senior Services, and the Department of Mental Health played a significant role in its development. We continue to be grateful for these and others who recognized the important benefits of parent education programs, screening services, and programs for the developmentally delayed.

The Early Childhood Education Act programs help to increase parents confidence and improve their parenting skills. They can then better support their children's education and development before and after school entry. Periodic screenings increase parents' understanding of their children's developmental progress, as well as alert them to any possible delays. Early intervention for identified problems helps improve chances that children will enter school with "healthy minds and bodies."

The Missouri Department of Elementary and Secondary Education's (DESE) Missouri School Entry Assessment Project reported some impressive results for children whose families participated in Parents as Teachers (PAT). This project looked at approximately 3,500 students who were six weeks into their kindergarten year. The classroom teachers were trained to use the School Entry Profile to rate children's preparation for kindergarten. The profile reflected on the children's entry-level skills, knowledge, behaviors and dispositions in seven areas of development and also looked at prior experiences.

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# **PROGRAM GUIDELINES AND ADMINISTRATIVE MANUAL**

## **EARLY CHILDHOOD DEVELOPMENT ACT (ECDA)**

### **INTRODUCTION**

A growing body of research over the past two decades clearly indicates a child's most productive and influential years of learning occur before the age of five. Experts generally agree that 50% of intelligence is formed by age four. The greatest portion of language is acquired by age three. These findings, along with the establishment of curiosity and social skills, lay the foundations for all further learning. Failure in the early years to develop adequately in these areas has been shown to lead directly to underachievement in the elementary grades and beyond.

According to the 2000 census, there are approximately 369,900 children under the age of five in Missouri. It is estimated that approximately 10% of those children will require special education and an additional 15% will require less intense services, such as remedial of Title I services during their school years. Health care experts estimate as many as 20% of all preschool children in Missouri have health and developmental problems, which affect them in their educational years and beyond. Those numbers and the cost associated with them can be substantially reduced through quality screening, parent education, and early intervention programs.

Parents are the first and most influential teachers in their child's life. Most have been given little or no information on how to give their child the best possible beginning. Since the family is the rightful first educational delivery system for the child, the role of the school in the early years is to assist the family in giving the child a solid educational foundation. Because of evidence that a child's early experiences can significantly enhance or inhibit development and learning, it is both educationally sound, as well as cost-effective, for schools to work cooperatively with the home during the crucial first years.

## **GOALS AND OUTCOMES**

The Early Childhood Development Act (ECDA) authorizes state funding to school districts that provide the following education programs and services to families expecting a child or have a child birth to kindergarten entry:

- Periodic development screening for all children birth to kindergarten entry; and
- Parent education for all families prenatal to kindergarten entry.

The general goals of these programs and services are:

- To inform parents of possible delays in their child's development, as well as normal or advanced progression; and
- To provide appropriate and useful information and guidance to parents as their child's primary and most important teachers.

Expected outcomes from these programs and services include:

- Increased parental confidence and involvement in the educational development of their child;
- Early establishment of positive partnerships between home and school;
- Joint cooperation among school districts, agencies, and organizations in providing services to young children, thereby reducing duplication of services and increased cost;
- Reduction of the negative effects of labeling children; and
- Reduction of more expensive remedial and special education services and retentions.

The following sections contain a discussion of each funded service specified under the ECDA, including minimal guidelines for program approval; general administrative procedures for program approval, reimbursement, and contractual services; and a community-based planning and recruitment model for such programs and services.

This publication is designed for use by public school administrators, parent educators, teachers, and other public agency officials to assist in understanding the letter and intent of the ECDA, as well as the state regulations. It is also intended as a resource for the DESE and other state agencies in coordinating services and programs for young children and their families.

## **SCREENING**

### **RATIONALE**

Periodic monitoring of a child's development is the foundation of educational guidance to parents. A review with each participating family of their child's progressive developmental profile significantly reduces the possibility that the child will go through the preschool years with an undetected developmental delay. Skills and abilities are developing rapidly during this time. Since many causes of slow development can be treated effectively and efficiently if detected early, it is important they be identified as early as possible. In addition, the recurrent monitoring and review can signify to parents that their child is progressing at a normal or advanced rate of development and can also give direction on how to support and encourage continued growth.

### **DEFINITION AND GOALS**

Developmental screening is defined in the ECDA, Section 1.(1), as “. . . the process of measuring the progress of children to determine if there are problems or potential problems or advanced abilities. . . ”

Screening involves the systematic use of relatively simple but effective procedures and observations. It is not to be confused with diagnosis, which is designed to confirm the existence and determine the nature of a particular condition or physical problem.

The short-term goals for each participating family include:

- A review with parents of their child's developmental and physical progress;
- Identification of possible delays, physical problems, or advanced abilities; and
- Provision to parents of helpful information and guidance regarding their child's development.

Expected long-range benefits of screening services include:

- Improved health and development of young children;
- Fewer undetected developmental delays and physical problems among school-aged children; and
- Joint cooperation among agencies serving children, thus reducing duplication of effort and costs.

### **TARGET POPULATION**

All children ages six months to kindergarten entry are eligible for screening services.

Children may be screened once they reach six months of age. However, a child younger than six months may be screened and counted for reimbursement if the family is enrolled in Parents as Teachers and there is indication of a developmental delay. For screening and funding purposes, children should be counted according to the age of the child at the time of the screening.

Example: If a child is two at the time of the screening, he will be counted in the two-year-old

category. The district will be responsible for reporting screening for each age, i.e., under one-, one-, two-, three-, four-, five or six-year-olds, a proportionate number of three- and four-year-olds must be screened. Kindergarten screening must be completed before the first day of kindergarten and meet the requirements for a full screening as set forth in this document.

**Children may be counted only once for screening reimbursement during a program year.**

Participation in the screening program is voluntary and free to parents. Parents of eligible children should not be refused screening services. Program quotas are updated annually by DESE and are available to local school districts on the DESE Web Applications System.

## **SCREENING SCHEDULE**

The screening service can occur anytime. The schedule shall be as convenient as possible for all families. If parts of the screening, as described on pages 3 - 9 of this manual, are administered as part of the parent education program, sufficient time must be allowed to complete all components of the parent education visitation in addition to the administration of the screening instruments/procedures. This may be done by scheduling the different screening components in addition to the personal visit plan over several visits. A full screening cannot be provided in conjunction with a personal visit or a group meeting.

## **SCREENING DECISIONS**

The outcome of screening is not to label some children as delayed or advanced, but to identify areas of development where delays or advanced conditions may exist. As children and parents progress through the continuum of services, the collection of information through periodic screening and parent education should provide an increasingly clear picture of a child's relative strengths and areas of concern.

- Children, with or without possible physical problems, whose developmental functioning falls below the criteria established in the screening test(s), combined with observations and parent reports, may have developmental delays.
- There may be children whose development is so delayed that handicapping conditions seem certain. In those cases, school districts will follow the procedures outlined in state and federal statutes and regulations.
- Children, with or without possible developmental delays, whose physical functioning falls below the criteria established in the sensory, health, and physical procedures may have physical problems.
- While a valid and reliable method of screening for advanced abilities may not be available for one- and two-year-old children, there may be children whose development, particularly in the area of language, is so accelerated that they may be considered to have advanced abilities.
- Three- and four-year-old children who perform significantly high (at or above the 95<sup>th</sup> percentile or two years or more above their chronological age) on standardized instruments, particularly in the area of language, combined with observations and parent reports, are considered to have advanced abilities.

## **REPORTING TO PARENTS**

The most critical aspect of the screening process is the sharing of accurate and helpful information with parents. This personal conference must take place at the time of the screening or shortly thereafter. The conference should be approached as a developmental review, the mutual sharing of the child's achievements, as well as any areas of concern. In this way, all parents can be helped to better understand their child's progress.

In addition to the personal conference, all participating parents must receive a written summary of their child's screening results, with suggestions of fostering learning in the home, whether or not there are implications for further recommendations. In addition, all parents must be informed of other available services provided under the ECDA for which they are eligible.

Parents should be encouraged to share the screening information with their child's physician if possible delays and/or physical problems are detected. Families without the services of a physician should be advised of other health-providing services (i.e., Well Child Clinics through the county health departments).

Districts should provide a resource network for other related services to young children and their families (i.e., counseling services through a mental health agency). **An updated community resource list with relevant information shall be available.** Suggestions for developing such a list are included in the Community-Based Planning and Recruitment Model.

Any screening information released by the school to a third party requires the prior written consent of the parent, guardian, or other custodian of a student under the age of eighteen years. Districts are not financially obligated for non-district services rendered as a result of recommendations, except for evaluations covered under state and federal statutes and regulations concerning handicapped children. Districts collaborating with other programs, such as Head Start, must have this written consent in order to share screening results between programs.

## **EVALUATION**

Screening programs must be evaluated using one or more of the following methods:

- Parent Questionnaire;
- Degree of participation of hard-to-reach families;
- Accuracy with which possible developmental delays and physical problems are identified;
- Degree of participations from the total eligible population;
- Follow-up on referrals (i.e. special education, etc.); or
- Parents as Teachers National Center (PATNC) Self-Assessment.

Districts will indicate which method(s) are used for evaluation on the district application. It is the districts responsibility to provide documentation to support each method indicated.

The effectiveness of a district's screening program will depend on a large degree on the quality of the awareness campaign, as well as the planning and the organization of the program. The

Community-Based Planning and Recruitment Model provides direction for increasing the possibility that all parents are aware of screening services.

### **AREAS TO BE SCREENED**

As defined by the ECDA, developmental screening shall include, but need not be limited to, the following areas:

- Understanding and use of language;
- Perception through sight;
- Perception through hearing;
- Motor development and hand-eye coordination;
- Health and physical development;
- Social-emotional development; and
- Problem-solving/cognitive development.

Parents must be informed that the health and physical development portion of screening is not a substitute for regular physical examinations by a health care provider. Language development, because of its strong relationship to school success, should receive special emphasis.

### **SCREENING TESTS AND PROCEDURES**

Adequate coverage of developmental skill areas may be obtained through the use of a single, well rounded screening instrument or through a combination of more narrowly designed tests. Since the ages of the children being screened vary, the tests and procedures also vary. No single screening test is equally effective for all ages or all areas of development. The interrelation of the results of various tests and procedures, parent information and examiners' observations lend accuracy to screening results.

To meet minimal guidelines, the selected screening test(s) must:

- Have high reliability and validity;
- Be designed for appropriate age range;
- Alone, or in combination with other tests, adequately cover the areas of expressive and receptive language, and motor development, including hand-eye coordination;
- Convert scores to percentiles or age equivalencies in language and motor development; and
- Be individually administered.

In selecting screening test(s), other questions to consider include:

- Is the screening instrument approved by DESE? (see page 9 for a list of approved instruments)
- Can it be administered in a reasonable amount of time?
- Is it relatively inexpensive?
- Is training required and available?

### **SCREENING PERSONNEL**

The screening team should be led by an educational professional. A health professional (school, county health, or volunteer nurse) should be available in an advisory capacity. Screening examiners may be nonprofessional (volunteers) given training in the specific procedure or test. Results must be interpreted to parents by professionals who are knowledgeable in child development and developmental problems, skilled in interpreting screening results, and able to communicate results effectively to parents.

Individuals administering screening instruments should be trained in testing procedures and interpretation of results. Individuals assisting with the screening must be made aware of the confidential policy for handling this information.

### **HEARING AND VISION PROCEDURES**

Health Questionnaire- questions pertaining to child's prenatal and birth history, observed behaviors, appearance of eyes, redness, encrusted lids, etc.

Observation- response to voice and other sound and location of source of sounds at different frequencies.

Functional Assessment- pupillary response, corneal light reflex, blink reflex, alternate cover test, tracking and reaching.

	Age Six Months to One	Age Two	Age Three	Age Four to Kindergarten Entry
<b>Hearing</b>				
Health Questionnaire	•	•	•	•
Observation (FUNCTIONAL)	•	•	•	•
Tympanometry (if available)	•	•	•	•
Otoacoustic Emissions (if available)	•	•	•	•
Audiometry or VASC ( if appropriate)		•	•	•
<b>Vision</b>				
Health Questionnaire	•	•	•	•
Functional Assessment	•	•	•	•
Visual Acuity*	•	•	•	•
<b>Health &amp; Physical Dev.</b>				
Health Questionnaire	•	•	•	•
Measurements (height & weight)	•	•	•	•
Nutritional Assessment	•	•	•	•
Dental Check	•	•	•	•

\* Visual Acuity for six months to age one should be used if appropriate. Visual Acuity for age two through Kindergarten Entry includes Lighthouse Flash Card Test or HOTV Chart.

**NOTE:** If a child has received a well child check from a health care professional within the past six month and the exam included the measurement and nutritional assessment, this information may be used.

The following screening chart enumerates the DESE approved instruments and required procedures according to age groups and screening areas.

## **APPROVED DEVELOPMENTAL SCREENING INSTRUMENTS**

Districts are required to indicate on the application at least one screening instrument for each age group in both Language and General Development.

<b>AGE SIX MONTH TO ONE YEAR</b>	<b>Language</b>	<b>General Development</b>
Ages and Stages Questionnaire (ASQ)*	•	•
Battelle Screening Inventory	•	•
Denver Developmental Screening Test II (DDST II)	•	•
Early Language Milestone (ELM)	•	N/A
Preschool Language Skill (PLS) must be 18 months old	•	N/A
<b>AGE TWO YEARS</b>	<b>Language</b>	<b>General Development</b>
Ages and Stages Questionnaire (ASQ)*	•	•
Battelle Screening Inventory	•	•
Brigance Early Preschool	•	•
Denver Developmental Screening Test II (DDST II)	•	•
Early Language Milestone (ELM)	•	N/A
Early Screening Profiles (ESP)	•	•
Fluharty Preschool Speech and Language Screening Test	•	N/A
Preschool Language Skill (PLS)	•	N/A
<b>AGE THREE YEARS</b>	<b>Language</b>	<b>General Development</b>
Ages and Stages Questionnaire (ASQ)*	•	•
Battelle Screening Inventory	•	•
Brigance Early Preschool	•	•
Denver Developmental Screening Test II (DDST II)	•	•
Developmental Indicators for the Assessment of Learning (DIAL III)	•	•
Early Screening Inventory, Revised (ESI-R)	•	•
Early Screening Profiles (ESP)	•	•
First Step Screening Test	•	•
Fluharty Preschool Speech and Language Screening Test	•	N/A
Preschool Language Skill (PLS)	•	N/A
<b>AGE FOUR YEARS TO KINDERGARTEN ENTRY</b>	<b>Language</b>	<b>General Development</b>
Ages and Stages Questionnaire (ASQ) 60 months or younger*	•	•
Battelle Screening Inventory	•	•
Brigance K-1	•	•
Developmental Task for Kindergarten Readiness (DTKR II)	•	•
Developmental Indicators for the Assessment of Learning (DIAL III)	•	•
Early Screening Inventory, Revised (ESI-R)	•	•
Early Screening Profiles (ESP)	•	•
First Step Screening Test	•	•
Fluharty Preschool Speech and Language Screening Test	•	N/A
Preschool Language Skill (PLS)	•	N/A

*\* The ASQ must be completed by the parent educator. The “Mail –Out Strategy” is not approved.*

## PARENT EDUCATOR INFORMATION

### **QUALIFICATIONS FOR PARENT EDUCATORS SERVING FAMILIES IN THE PRENATAL TO THREE PROGRAM OR THE THREE TO KINDERGARTEN ENTRY PROGRAM**

A certified parent educator is defined as the person responsible for delivering direct parent education services to families. The individual hired to perform the tasks of a parent educator must be trained in and use the appropriate *Born to Learn*<sup>TM</sup> Curriculum and **meet one of the following qualifications:**

1. Certification and/or a four year degree in one of the following:

- Early Childhood Education
- Early Childhood Special Education
- Elementary Education
- Vocational Home Economics or Family and Consumer Sciences
- Child Development

And demonstrated ability in working with young children and their parents;

**(OR)**

2. A two-year associate degree or two-year certificate program in Early Childhood Education, Child Development, or Nursing and demonstrated ability in working with your children and their parents;

**(OR)**

3. Sixty (60) semester hours or more of credit from an academic degree granting institution which is contained within the United States Department of Education's *Directory of Post-Secondary Institutions* and two years of successful experience in a program working with young children and their parents as approved by DESE;

**(OR)**

4. Five years of successful experience in a program working with young children and their parents as approved by DESE;

**(AND)**

Successful completion of the DESE approved training in parent education regardless of previous training and experience according to the following schedule:

- 30 hours of pre-service training in the *Born to Learn*<sup>TM</sup> Curriculum;
- successful completion of an approvable implementation plan; and
- a personal visit observation of an experienced parent educator.

Parent educators may not be certified to begin rendering services for which the district expects to receive reimbursement until completion of these requirements. Please review the following table for additional requirements associated with maintaining certification.

**CERTIFICATE AND RENEWAL PROCESS FOR PARENT EDUCATORS PRENATAL  
TO THREE OR PRENATAL TO KINDERGARTEN ENTRY**

<b>Years of Service</b>	<b>Training Hours</b>
1 <sup>st</sup> year	A minimum of 20 hours of approved professional development training in: <ul style="list-style-type: none"> <li>• 1 hour observing a personal visit conducted by an experienced parent educator</li> <li>• 2 hours for Personal Visit Consultation</li> <li>• 5 hours Health, Vision and Hearing Screening</li> <li>• 5 hours Denver II or ASQ Training</li> <li>• 5-6 hours Follow Up Day of Institute</li> <li>• 1-2 additional hours</li> </ul>
2 <sup>nd</sup> year	A minimum of 15 hours of approved professional development.
3 <sup>rd</sup> – 5 <sup>th</sup> year	A minimum of 10 hours of approved professional development.
6 years and beyond	A minimum of 10 hours of approved professional development and a professional growth plan must be developed cooperatively with their administrator. Parent educators should consult with the PATNC as to the appropriate activities.

**CERTIFICATE AND RENEWAL PROCESS FOR PARENT EDUCATORS  
TWO TO KINDERGARTEN ENTRY**

<b>Years of Service</b>	<b>Training Hours</b>
1 <sup>st</sup> year	A minimum of 20 hours of approved professional development training in: <ul style="list-style-type: none"> <li>• 1 hour observing a personal visit conducted by an experienced parent educator</li> <li>• 2 hours for Personal Visit Consultation</li> <li>• 5 hours Health, Vision and Hearing Screening</li> <li>• 5 hours Denver II, ASQ, or DIAL-III</li> <li>• 5 hours Follow Up Day of Institute</li> <li>• 2 additional hours</li> </ul>
2 <sup>nd</sup> year	A minimum of 15 hours of approved professional development
3 <sup>rd</sup> – 5 <sup>th</sup> year	A minimum of 10 hours of approved professional development
6 years and beyond	A minimum of 10 hours of approved professional development and a professional growth plan must be developed cooperatively with their administrator. Parent educators should consult with the PATNC as to the appropriate activities.

Parent educators must complete the required number of professional development hours between June 1<sup>st</sup> and May 30<sup>th</sup>. Completion of professional development hours must be submitted to PATNC by June 1<sup>st</sup>.

All parent educators are strongly recommended to attend the April in-service provided by the DESE, Early Childhood Education Staff. This in-service will provide information regarding the Final Report, Application and Reimbursement Rates for the program.

Districts may only submit services provided by a certified parent educator. Services provided by an individual not certified in the *Born to Learn*<sup>TM</sup> Curriculum are not eligible for reimbursement.

**Personal visits to families with children three to kindergarten entry must be delivered by a parent educator trained in and using the *Born to Learn*<sup>TM</sup> Curriculum for Three to Kindergarten Entry or the *Born to Learn*<sup>TM</sup> Curriculum for Two to Kindergarten Entry.**

Individuals who provide group meetings only, to families in the Three to Kindergarten Entry Program do **not** have to be certified in the *Born to Learn*<sup>TM</sup> Curriculum. This individual should be a professional who is knowledgeable in child development, able to relate well to parents, and responsible for planning and organizing the parent education program. A variety of professionals may be involved in providing group meetings including, but not limited to, parent educators, kindergarten teachers and early childhood teachers. It is recommended that the individual responsible for delivering services to these families participate in the Regional Professional Development Training specific to this category.

## **PARENT EDUCATION SERVICES FOR FAMILIES PRENATAL TO KINDERGARTEN ENTRY**

### **ADMINISTRATION OF THE PARENTS AS TEACHERS PROGRAM**

All individuals responsible for supervising the PAT Program should attend the two-day Supervisor Training provided by the PATNC. New PAT supervisors must attend the training. A supervisor's certificate will be issued upon completion of the training.

### **COMMUNITY ADVISORY COMMITTEE**

A Community Advisory Committee is a group of interested citizens representing a variety of community organizations as well as parents. This group's primary responsibility includes:

- Personally contact potential participants to promote the program;
- Recruit prospective parents and children eligible for the program;
- Survey available community resources and gather needed information;
- Advise on options for coordinating programs and services between community and school; and
- Serve as a resource to the administrator.

### **CURRICULUM**

School districts are strongly encouraged to implement the *Born to Learn*™ Curriculum which is available through the PATNC. Comparable curriculum must be submitted for approval prior to implementation. Approval is based on the following:

- It is based on valid research;
- It correlates with child development from prenatal to age three and age three to kindergarten entry;
- It focuses on the major influences parents have on that development; and
- Ongoing professional development is provided.

### **DESCRIPTION OF SERVICES**

Because parental influence in the child's life is so important for later learning, a strong program of parent education is offered for all families of these children, including prenatal families. The parent education program offers the following services within an organized curriculum:

- Personal visits provided by a certified parent educator;
- Group meetings designed around child development and parenting skills;
- Monitoring of children's development/screening; and
- Resource Network.

**Personal visits** should be provided in the home. An exception can be made to provide these services at other locations such as the PAT center or child care center if families prefer. This exception should only be made at the family's request. Providing services in the family's home can provide the parent educator with more information to better serve those involved. The personal visit allows the parent educator to individualize the educational guidance to each family, observe the child and the parent-child interactions, provide timely information on the child's development and parent-child activities, and to respond to each parent's concerns. The curriculum provides printed materials for each age level as well as additional resources for families.

Please note that it is the goal of the program for the child to be present during the personal visit. There may be instances where this is not possible due to court mandated participation by a parent who does not actually have direct contact with the child. These special incidences must be approved by DESE.

**Group meetings** for parents provide an excellent means for gaining new insight and information and should be based on the interests and needs of participating families. The primary goal for group meetings is to provide child development information to families in a setting that will encourage them to share with other families with similar aged children and discuss parenting issues. It is required that all group meetings have a planned format for delivering parent education for all families attending. Handouts, posted information or instructions on completing a project may not be considered as the parent education. While it can be beneficial to include children in the group meeting it is important to remember the intent is to provide parents with meaningful information regarding the growth and development of their child or children.

**Playgroups** can provide families with additional opportunities to interact with other families with similar aged children. This service is different than a group meeting in that its primary purpose is to allow parents to interact with their children and to see their children interact with their peers. While this service can be valuable to parents and a good recruitment tool, **it is not a reimbursable service** under these funds.

**Monitoring of a child's development** can occur through personal visits, group meetings, screenings and observations.

The **Resource Network** involves identifying programs and services within the community that provide information and/or services to families. Because the PAT program is not intended to be the only service for families it can be a strong piece of the community network that provides support.

Scheduling and/planning personal visits and group meetings should occur at a time and location that is most convenient for the families. Services should be provided as described in the curriculum.

## **EVALUATION**

The stated goals of the parent education programs, plus additional specific local program and community goals, provide the criteria for ongoing evaluation.

Parent education programs can be evaluated in the context of:

- A parent questionnaire;
- The degree of participation from the total eligible population;
- The degree of increase of participation compared to previous participation;
- The degree of participation of hard-to-reach families;
- Evaluation from the Internal Coordination Committee and/or the Community Advisory Committee; and
- Parents as Teachers National Center Self-Assessment.

## **PARENT EDUCATION FOR FAMILIES WITH CHILDREN PRENATAL TO THREE**

### **ELIGIBILITY**

All families with children prenatal up to age three are eligible for parent education services. Once a child turns three years old the family is no longer eligible for services under the Prenatal to Three Program. The family will exit the Prenatal to Three Program and is then eligible for the Three to Kindergarten Entry Program. Participation is voluntary and free to the parents.

**Programs would only be permitted to maintain a waiting list for a particular service if the districts quota for that service has been met.**

### **SERVICE DELIVERY**

#### **Basic Services:**

Parent education should be available on a year-round basis when possible, because babies are born year-round, and families need the availability of services year-round. Parent education services must be offered by the school district for a minimum of an eight-month period. Services offered must include **a minimum of eight contacts for each family during the program year** consisting of:

- Four Personal Visits and Four Group Meetings;
- Five Personal Visits and Three Group Meetings; or
- Six Personal Visits and Two Group Meetings.

Personal visits must be approximately 50 minutes to one hour each, per child, per family during the program year. Group meetings must be approximately 50 minutes to one hour each. Group meetings may be counted for the prenatal family if the educational component is specifically designed to provide prenatal information.

**NOTE:** Each service has a required minimum; however, each family must be provided no less than eight offerings. An example would be: five personal visits and three group meetings. Both services meet the required minimum **and** total the minimum of eight offerings.

#### **Reimbursement Notes:**

Families with two or more children under the age of three are reimbursed at two times the single child rate. For contacts to be counted for the two or more child rate both children must be under the age of three at the time services are being delivered and a personal visit plan must be provided for two or more children. Personal visits will require a minimum of one hour and 45 minutes. An example would be: A family with a six month old and a 24 month old can be reimbursed at the two or more child rate if the parent educator provides a personal visit plan appropriate for both children. Group meetings would also be calculated at the two or more child rate if the educational component addresses both children.

Families with two children, one in the Prenatal to Three Program and one in the Three to Kindergarten Entry Program, who attend a group meeting, may only count for reimbursement under **one** of the programs. The district must decide to count it as a Prenatal to Three contact **or** a Three to Kindergarten Entry contact.

### **High Needs Additional Contacts (Prenatal to Age Three):**

Funds for providing additional services to a limited number of families with indicated high needs are available. These services must meet the following criteria:

- Families receiving additional contacts must meet one or more of the characteristics listed in the program guidelines.
- Additional contacts will be personal visits that are above and beyond the five basic contacts described under basic services.
- The additional high needs contacts must be personal visits with **the exception of teen families**. Due to the uniqueness of serving teen families, group meetings specifically for teens may also be counted as high needs contacts. Please review the Teen Services section below for additional information about teen services.
- A maximum of ten prenatal contacts may be provided to high-needs families. Two of the ten contacts may be group meetings if they are specifically designed to provide prenatal information. All other contacts will be personal visits. An example would be: five Basic contacts and five High Needs contacts for a total of ten prenatal contacts.
- Twenty-five contacts (five basic contacts and up to 20 high needs contacts) per family with indicated high needs is the maximum amount of service that may be reported for reimbursement.

**NOTE:** Additional reimbursement for families with two or more eligible children will not apply to the additional high needs contacts.

### **Prenatal Services:**

Programs may report for reimbursement **up to two prenatal contacts**. Group meetings specifically designed to provide prenatal information may be counted for reimbursement. Otherwise, the prenatal contacts must be personal visits. Please refer to the section above for prenatal requirements for families meeting one or more high needs characteristics.

### **Teen Services:**

Parent education services for families where the parent is under the age of 20 years old. For teen parents who begin the year meeting the age requirement and have their 20<sup>th</sup> birthday mid year may continue receiving services as a teen family for the remainder of the year.

Due to the uniqueness of serving teen parents, **a minimum of one personal visit is required** in the basic service. Because of the importance of observing the parent(s) and child together as an individual family, districts **should encourage more than one personal visit** per teen family. This reduces the number of personal visits required in the basic service from three personal visits to one personal visit for the teen population only. All other contacts including high needs may be group meetings. **Group meetings offered to teen parents must be specifically designed for teen parents.**

Research supports the importance of addressing prenatal needs, which result in healthier babies and mothers. Districts may report for reimbursement **a maximum of ten prenatal contacts to teen parents** (five contacts in the basic service and up to five additional contacts in the high needs category).

## **PARENT EDUCATION FOR FAMILIES WITH CHILDREN THREE TO KINDERGARTEN ENTRY**

### **ELIGIBILITY**

All families with children ages three to kindergarten entry are eligible for parent education services. The day the child turns three years old the family is eligible for services under the Three to Kindergarten Entry Program. Participation is voluntary and free to the parents.

**Programs would only be permitted to maintain a waiting list for a particular service if the districts quota for that service has been met.**

### **SERVICE DELIVERY**

#### **Basic Services:**

Parent education should be available on a year round basis when possible, because children are growing and developmental changes occur year round, and families need the availability of services year round. Parent education services must be offered by the school district for a minimum of an eight-month period. Services offered must include a minimum of three contacts for each family during the program year, two of which must be a personal visit. Although attendance at a group meeting may take place prior to the family receiving a personal visit, reimbursement for a group meeting can be requested only after the family has received a personal visit.

- Personal visits, approximately 50 minutes to one hour in length.
- Group meetings, approximately 50 minutes to one hour in length.

**NOTE:** An example would be: two personal visits and one group meeting for a total of three contacts.

#### **Reimbursement Note:**

Additional reimbursement for families with two or more eligible children will not apply to the Three to Kindergarten Entry contacts.

Families with two children, one in the Prenatal to Three Program and one in the Three to Kindergarten Entry Program, who attend a group meeting, may only count for reimbursement under **one** of the programs. The district must decide to count it as a Prenatal to Three contact **or** a Three to Kindergarten Entry contact.

#### **High Needs Additional Contacts (Three to Kindergarten Entry):**

Funds for providing additional services to a limited number of families with indicated high needs are available. These services must meet the following criteria:

- Families receiving additional contacts must meet one or more of the characteristics listed in the program guidelines;
- Additional contacts will be personal visits that are above and beyond the basic contacts described under basic services;

- The additional high needs contacts must be personal visits with the exception of teen families. Due to the uniqueness of serving teen families, group meetings specifically for teens may also be counted as high needs contacts; and
- Twenty-five contacts (three basic contacts and up to 22 high needs contacts) per family with indicated high needs is the maximum amount of service that may be reported for reimbursement.

**NOTE:** Additional reimbursement for families with two or more eligible children will not apply to the additional contacts.

**Teen Services:**

Refer to page 17 of the program guidelines for information on Teen Services for families with children prenatal to three and three to kindergarten entry.

## **HIGH NEEDS CHARACTERISTICS FOR FAMILIES PRENATAL TO KINDERGARTEN ENTRY**

**Teen Parent(s)** – Parent(s) under the age of 20 years, during the program year, with children prenatal to kindergarten entry.

**Child with Disabilities** – A child, meeting the age eligibility for PAT services, with a physical or mental impairment that substantially limits one or more major life activities.

**Parent(s) with Disabilities** – A parent with a physical or mental impairment that substantially limits one or more major life activities.

**Low Educational Attainment** – A parent who did not complete high school or attain a General Educational Development (GED) certificate.

**Low Income** – Families eligible for Free and Reduced Lunches, Public Housing, Child Care Subsidy, Women, Infant and Children (WIC), Food Stamps, Temporary Assistance for Needy Families, Head Start/Early Head Start, and/or Medicaid.

**Speakers of Other Languages** – A language other than English is the primary language spoken in the home.

**Single-Parent Household** – Only one parent is present in the home and has a need for additional services.

**Chemical Dependencies** – The inability to stop drinking or using drugs despite serious consequences.

**Foster Parent(s)** – The child is placed with foster parents.

**Court-Appointed Legal Guardians** – The child has a court appointed legal guardian.

**Adoptive Parents** – An adoption occurring within the program year.

**Transient/Numerous Family Relocations and/or Homeless** – Moves frequently; lacks a fixed, regular, and/or adequate residence.

**Involvement with the Corrections System** – Incarcerated or probation-restricted parent.

**Low Birth Weight** – Birth weight is under 2500 grams or 5.5 lbs., which affects the development of the child.

**Involvement with Mental Health or Social Services Agencies** – Child or parent is involved with Mental Health or Social Services Agency.

**Relative who is the Primary Person in the Parent Support System** – Grandparents, aunts, uncles, etc., who have the primary care of the child/children. This does not include individuals who care for children while parents are working.

**Death in the Immediate Family** – The death of the child, parent, or sibling.

**Ongoing Health Problem of Child, Parent or Sibling** – Ongoing health problem serious enough to substantially limit one or more major life activities.

**Children with Serious Behavior Concerns** – Children who exhibit atypical behaviors for their age and developmental level.

**Referred to PAT Program Because of Suspected Child Abuse** – Referred by appropriate agency due to suspected child abuse.

**Multiple Children Under Age Five** – Three or more children under the age of three: or four or more children under kindergarten age.

**Military Family** – A parent/guardian with orders issued by a military authority calling for active duty from organized units of the National Guard, or any component of the armed forces of the United States.

## RECORDKEEPING

### SCREENING

There are two types of documentation for screening services that must be maintained:

1. Individual Child Developmental Information derived from screening must be maintained and include the following:
  - A **Health Questionnaire** which includes Health, Hearing and Vision information as well as height and weight measurements;
  - A **Screening Protocol** from a DESE approved screening instrument; and
  - A **Screening Summary** provides results of the screening and must be shared through a personal conference with the parent/guardian.

**NOTE: These are required records for each screening provided and reported for reimbursement.**

2. Verification of Service Records must be maintained for the purpose of justifying reimbursements and completing information as requested by the DESE through the districts Final Report. Verification must include the number of children:
  - Screened by age divisions;
  - With indicated developmental (language and motor) problems by age divisions;
  - With possible hearing problems by age divisions;
  - With possible vision problems by age divisions;
  - With possible health and physical problems by age divisions; and
  - Ages three and four with advanced abilities.

### PARENT EDUCATION

Throughout the program year, parent educators must keep educational records of each personal visit and group meeting. Records must include the following:

1. Personal visit records should cover the content of the visit, outline issues raised by the parents, and give specific observations in all areas of the child's development (language, social, intellectual, and physical development). Plans and an appointment for the next visit should be discussed. Such reports are essential for monitoring child and family progress and serve as background material for staff discussion on providing appropriate educational guidance to each family. **The personal visit record should be completed immediately following the visit. Only visits that have a completed personal visit record will be counted for reimbursement.**
2. Group meeting records must be maintained and include attendance, content covered, issues raised by parents, handouts, and an evaluation of the meeting. Group Meeting files must include the following:

- Group Meeting Planner that documents the title, date, location, and the process for delivering the parent education;
- A copy of all the parent handouts used for the group meeting;
- A parent sign-in sheet of all those in attendance;
- Group Meeting Feedback that includes issues raised and possible changes for future use of the group meeting topic; and
- A brief enrollment form **must be included from families with children age's three to five** who have not participated in the PAT program previously.

**NOTE: These are required records for each group meeting provided and reported for reimbursement.**

### **VERIFICATION AND RETENTION OF RECORDS**

Each district must establish a systematic method of storing parent education records on site at the district. Districts must provide storage space for records that keep them readily accessible, fire-safe, and available for review and audit. All Program Files must be retained for five years after the close of the fiscal year in which the services were delivered for audit purposes. Verification of services for each family must be maintained to support requests for reimbursement. This verification must be supported using the following:

**Family Files** which contain:

- Enrollment Form to include name of family and child and contact information, birth date of child, entry date into the program, exit date from program, etc.;
- Individual Service Record that supports the number of personal visits, group meetings and screenings provided at any given time;
- Personal Visit Records;
- Screening Information (Health Questionnaire, Screening Protocol and Screening Summary); and
- An Exit Record is required for families as they exit each program (the Prenatal to Three Program **and** the Three to Kindergarten Entry Program).

Once a child becomes enrolled in kindergarten records must be transferred to the child's elementary attendance building. The cumulative file must contain:

- Screening protocols;
- Exit report forms;
- Individual service record; and
- The health questionnaire.

This information must be retained and transferred to the next level of programming until the child has completed third grade. Information on the families participating in PAT must become a part of the child's permanent records. Personal visit records must be kept until the child enters kindergarten.

**Program Files** which contain:

- Group Meeting Records (planner, sign-in sheet, handouts, and feedback);
- Summary of Services Record which provides a listing of all families participating in the program along with the number of personal visits and group meetings received; and
- Community Advisory Records to include a list of members, an agenda, sign-in sheet of attendance and minutes from the meeting.

**Confidentiality and Release of Information:**

Many programs are utilizing computerized databases to manage record keeping and reporting requirements. All programs are responsible for maintaining this information and must maintain confidentiality of families. Parents have the right to review their family files and may request files be transferred or shared with others. The transfer of files can only occur when the parent has completed a release of information form. All family files are considered confidential and that information cannot be released unless there is a signed release form from the parent.

## **GENERAL ADMINISTRATIVE REQUIREMENTS**

The following information is provided to assist school districts and agencies in submitting applications and making reports to the DESE.

### **PROGRAM APPLICATION**

Each school district must submit a program application to the DESE in such form as required and prepared by the DESE. This Application is located on the DESE Web Application Login System and must be submitted through the automated process. The district will be required to furnish information assuring intended compliance with the program standards stated in these guidelines. Districts using curriculum other than the recommended curriculum for the Parent Education (birth to age three) program must submit a description of the curriculum with the program application. The description must include research validating the curriculum, an outline of curriculum goals and objectives, and samples of the materials to be used with parents. DESE will assist any school district with a program application not in substantially approvable form before finally rejecting the application.

Applications must be submitted by the required date. With respect to application approval, DESE will approve applications even though one or more of the parent educators have not completed certification requirements at the time of submittal. DESE will monitor certification of parent educators. If DESE determines that a parent educator has rendered services before completing preservice training, the services rendered by that parent educator will not be reimbursable. Any payment already received by the district for those services will be refundable.

### **SUSPENSION OF APPROVAL**

In the event that the DESE finds that a school district receiving funds under the ECDA has failed substantially to comply with the approved program application or program guidelines, the district shall be notified that further payments will be withheld until there is no longer any such failure to comply.

### **PAYMENT PROCEDURES**

Each school district will be provided with an allocation for their program by the DESE. This allocation will be based on a quota which is then multiplied by the appropriate reimbursement rate. The district will report services provided through an automated invoice. If a district serves less than the district quota for any program, the excess allocation will be reallocated on a pro rata basis to school districts which served more children and/or families than their quota. If a district has received more funds than it is entitled to, based upon services actually provided, the excess will be refunded to the DESE.

Through the Automated System districts will request payment by submitting an invoice. This invoice will be a cumulative total of services provided since the beginning of the program year. Districts submitting multiple invoices throughout the year will continue to report cumulative totals. DESE will then calculate the most current invoice and subtract any previous payments. Districts will have the opportunity to invoice DESE through April 14<sup>th</sup> of the program year.

After this date the Final Report can be accessed and will be due May 15<sup>th</sup>. The final payment will be made after the Final Report is submitted to the DESE which will generate a June payment.

All ECDA funds can be used only for programs authorized under this act.

## **REPORTING**

Each school district receives an allocation under the ECDA. The district is responsible for completing and submitting all reports requested by DESE to assist with their responsibilities for dispersing funds under this act.

Each district receiving ECDA funds must submit a final report by the deadline stated in the Automated System. Districts can have these funds withheld or forfeited unless the reports are completed and submitted as required.

School districts will be required in the Final Report to assure compliance with the districts approved program application for programs offered in the district, which are funded under the ECDA, and to provide numbers of participants in each program eligible for reimbursement.

## **REIMBURSEMENT STANDARDS**

The following standards establish participation requirements for reimbursement:

1. Screening – Birth to Kindergarten Entry: A complete screening includes a health questionnaire, developmental screening, hearing and vision check and a screening summary with exit conference. Reimbursement for a complete screening must be claimed in the same program year in which the screening services were provided.
2. Parent Education – Prenatal to Three Program: Services provided are based on a full service equivalent unit (FSEU). A FSEU is five contacts and it should be the goal of the program to provide full service to all families. The schedule of personal visits and group sessions must include at least a monthly offering for each participating family.

The FSEU is calculated by adding the number of reimbursable contacts (a family cannot be counted for more than two group meetings unless it is a teen family) divided by five. For example, if 35 families receive a total of 102 personal visits and 15 of those families attended two group meetings and five families attended one group meeting, which would total 27.4 FSEU's.

$$102 \text{ personal visits} + (15 \text{ families} \times 2 \text{ group meetings}) + (5 \text{ families} \times 1 \text{ group meeting}) = 137 \text{ reimbursable contacts}$$

$$137 \text{ reimbursable contacts} \div 5 = 27.4 \text{ FSEU's}$$

It is not unusual for families to participate in partial services. Districts should consider providing services to additional families above the stated quota in an effort to utilize all of the districts allocation. Reimbursement for services over quota is dependent on the availability of ECDA funds.

The following reimbursement schedule will be used for the PAT Prenatal to Three Program:

- Full (100%) reimbursement for families participating in a minimum of five contacts, at least three of which are personal visits;
- Partial (80%) reimbursement for families participating in a minimum of four contacts, at least two of which are personal visits;
- Partial (60%) reimbursement for families participating in a minimum of three contacts, at least two of which are personal visits;
- Partial (40%) reimbursement for families participating in a minimum of two contacts, at least one of which is a personal visit; and
- Partial (20%) reimbursement for families participating in a personal visit.

**Examples of How the Reimbursement Schedule Could be Applied:**

In the following examples, an assumption is made that the district quota for the PAT Program for Prenatal to Three families is 100 FSEU's x \$250:

**Example 1 – Additional Single Child Families Served**

The districts quota is 100 FSEU's x \$250 reimbursement rate = \$25,000

Number of Single Child Families	Number of Contacts	Reimbursement Rate	Total Reimbursement
50	5	\$250	\$12,500
25	4	\$200	\$ 5,000
25	3	\$150	\$ 3,750
25	2	\$100	\$ 2,500
25	1	\$ 50	<u>\$ 1,250</u>
		Total	\$25,000

This example shows a total of 150 families served, some receiving partial service, but it does not exceed the quota of 100 FSEU's.

## Example 2 – Additional Single Child Families Served Above the District Quota

The districts quota is 100 FSEU's x \$250 reimbursement rate = \$25,000

Number of Single Child Families	Number of Contacts	Reimbursement Rate	Total Reimbursement
50	5	\$250	\$12,500
25	4	\$200	\$ 5,000
50	3	\$150	\$ 7,500
25	2	\$100	\$ 2,500
25	1	\$ 50	<u>\$ 1,250</u>
	Total		\$28,750

This example shows 175 families served totaling 115 FSEU's. This is above the districts quota and allocation by \$3,750. This amount will not be reimbursed unless there are additional funds available. The district can receive all or a portion of the amount above the original allocation depending on available funding.

## Example 3 –Two or More Child Families Served

Number of Families	Number of Contacts	Reimbursement Rate	Total Reimbursement
15	5	\$250 x 2	\$7,500
10	4	\$200 x 2	\$ 4,000
10	3	\$150 x 2	\$ 3,000
20	2	\$100 x 2	\$ 4,000
5	1	\$ 50 x 2	<u>\$ 500</u>

This example shows 60 families with two or more children in the Prenatal to Three Program which totals 76 FSEU's.

Services provided to families with two or more children under the age of three are reimbursed at twice the rate. This double reimbursement is only available in the basic service funding. In order to receive compensation at the double rate of funding, developmental information and guidance for all eligible children must be delivered to the family. This **does not** include the High Needs contacts.

3. Parent Education – Three to Kindergarten Entry Program: Services provided are based on a basic contact unit. A basic contact unit (BCU) is three contacts, two of which must be personal and provided by a parent educator certified in **the Born to Learn™ Curriculum for Three to Kindergarten Entry or the Born to Learn™ Curriculum for Two to Kindergarten Entry**. It should be the goal of the program to provide full service to all families. Contacts provided in the Three to Kindergarten Entry Program are reported by family, therefore, families with two or more children in the Three to Kindergarten Entry Program **do not** receive additional reimbursement for multiple children.

Districts serving families eligible under both parent education programs may request reimbursement under each program.

### **CONTRACTUAL SERVICES**

If a school district is unable to offer one or more approved programs/services authorized by the ECDA, the district must seek to contract for the services with another district, public agency, or state-approved not-for-profit agency offering an approved program for such services upon request. The DESE will assist districts in locating contractual services.

School districts may contract with another district or agency who will be offering services as outlined in the program guidelines and as stated in the districts application. **While a district may contract services out to another district or agency, DESE considers each school district to be responsible and accountable for services provided through the contract.**

It will be the districts responsibility to:

- Enter into a valid contract with such agency;
- Monitor the service provisions under the contract to assure program guidelines are being met;
- Ensure adequate record keeping to justify reimbursements which should include name of family and child, birth date of child, entry date into program, exit date from program, if applicable, and number of contacts (personal visits and/or group meetings);
- Provide space for program records at the school district;
- Submit to the DESE a program application including the name of the contractor and any other information the DESE may require;
- Submit to the DESE any reports, including a final report, which may be required to enable the DESE to fulfill its responsibilities under the ECDA; and
- Pay the contractor the amount due for the services rendered under the contract. All correspondence and payments from the DESE will be sent to local districts, the legal fiscal agent.

## **COMMUNITY-BASED PLANNING AND RECRUITMENT MODEL**

Strong commitment, leadership, and planning are critical to the success of the program and the services offered under the ECDA. The following plan, adapted from a model developed by Maritz Inc. in conjunction with the Missouri Commissioner of Education's Committee on Parents as Teachers, is recommended as a means to successful outcomes.

### **PHASE I – KEY ADMINISTRATOR**

The superintendent appoints an administrator who has both leadership ability and a strong commitment to the ECDA programs; one who is able to:

- Manage, inspire, and motivate those individuals important to the programs' success;
- Set goals and coordinate implementation timetables;
- Analyze the results of the programs; and
- Exercise sufficient authority to accomplish the desired results.

The administrator reports directly to the superintendent and should be prepared to manage a program organizational structure consisting of several different operating units similar to the model in the figure below.

### **PHASE II – INTERNAL COORDINATING COMMITTEE**

An Internal Coordinating Committee whose membership shares the ongoing responsibility for successful implementation of the ECDA programs and services is established. Membership includes:

- Elementary principal(s);
- Kindergarten and/or primary teachers(s);
- Child development and/or adult education teacher(s);
- Guidance counselors, school psychologists, if available;
- School nurse, if available;
- Community awareness person (staff or volunteer);
- Parent educators, if available;
- Teachers of programs for developmentally delayed children, if available; and
- Other early childhood/early childhood special education teachers, if available.

Collectively, this group should have knowledge of community, community resources and the public communication network; administrative operations within the school system; child development and developmental problems; early childhood education and special education; and methods of communicating with parents.

Upon formation of the Internal Coordinating Committee, a meeting is scheduled to discuss matters pertinent to successful program planning, implementation, and evaluation. Considerations include:

- Organization of the ECDA programs;
- Steps needed to implement a district-wide plan;
- Timetables for implementation;
- Estimated number of eligible population for each service;
- Present resources available in district and community;
- Community awareness and publicity plan; and
- Plans for recruiting children and their families.

If a district chooses to contract with another district or public agency with an approved program(s) for some or all of the services, that agency or district is represented on the Internal Coordinating Committee.

If districts choose to co-op together for some or all of the services, an Internal Coordinating Committee composed of a sample representation of all involved districts is established. Together, the superintendents of the co-op districts choose a single administrator to oversee the co-op projects. Each district also retains a local administrator to see that programs and services are implemented for their district's children and that evaluations for programs are carried out.

### **PHASE III – COMMUNITY ADVISORY COMMITTEE**

A Community Advisory Committee whose membership includes interested citizens representing a variety of community organizations is established. The support and services of the groups represented will be essential for the success of the programs. Members of the committee represent:

- Local board of education;
- Mental health agency;
- Social services agency;
- Healthcare providers (agencies/individuals);
- Church/Ministerial Alliance;
- Civic service groups;
- PTA/PTO;
- Preschool parents;
- Senior citizen group;
- Colleges, community and junior colleges, and university personnel;
- Private preschool directors; and
- Head Start directors.

Primary responsibilities of the Community Advisory Committee are to:

- Personally contact constituencies to promote the ECDA services;
- Recruit prospective parents and children eligible for the ECDA services;
- Survey available community resources and gather needed information;
- Advise on options for coordinating programs and services between community and school; and
- Serve as a resource to the administrator and Internal Coordinating Committee.

Two-way communication between the Internal Coordinating Committee and the Community Advisory Committee is essential. The surveying and coordination of resources is an active and ongoing component of the programs.

**NOTE: In smaller districts, these two committees (Phase II and Phase III) may be combined.**

#### **PHASE IV – RECRUITING PARTICIPANTS**

The administrator initiates action leading to the formation of a recruitment plan to attract parents of children under five. The plan might include the following elements:

- Forming of preschool parents' group (perhaps part of PTA/PTO);
- Implementing program promotion and publicity within community; and
- Organizing a door-to-door neighborhood recruitment.

Volunteers would:

- Canvas neighborhoods;
- Identify potential participants;
- Hand out program information/registration material, phone number to call for screening and parent education; and
- Do follow-up contacts, phone calls to gain commitment to participate.

#### **PHASE V – GENERATING COMMUNITY SUPPORT THROUGH MEDIA CAMPAIGN**

When plans are in place and the timing is appropriate, the administrator initiates promotion of the services within the community. Suggestions for publicity include:

- A special announcement to be sent home with school-age children explaining the programs, describing the benefits of the programs, inviting parents of children under five to participate in the new programs, and requesting parents to inform others about programs;
- Announcement for school district newsletter giving all program information;
- News (and later feature) releases for newspapers, radio, and television stations;

- Informational brochures to be stuffed in grocery sacks by volunteers (PTA/senior citizens' groups or perhaps the grocery stores themselves);
- Posters in highly frequented areas in the community for parents with children under five, such as infants' and children's stores, and areas where newspapers may not reach, such as housing projects;
- Letters, brochures, and posters to organizations and agencies in the community that have contact and/or provide services to young children, explaining the purposes of the programs, and requesting referrals; and
- Presentations to civic organizations and prenatal classes.

**NOTE: Phases IV and V should occur simultaneously.**

## **PHASE VI – EVALUATING PROGRAM PERFORMANCE**

The administrator and members of the Internal Coordinating Committee make regular ongoing evaluation of the program performance. Periodic monitoring of the program result will help to focus on both the strengths and weaknesses of the programs. As a result, problems can be corrected as they arise. To aid the evaluation process, establish specific goals and timetables for reaching those goals.

Each program's evaluation results are shared with the superintendent, members of the Internal Coordinating Committee, the Community Advisory Committee, and others important to the program's success.

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For information regarding early childhood or the Early Childhood Development Act (SB685) funding and administrative issues, contact:

Early Childhood Education Section  
 Department of Elementary and Secondary Education  
 PO Box 480  
 Jefferson City, MO 65102-0480  
 Telephone – (573) 751-2095  
 Fax – (573) 522-5085  
<http://dese.mo.gov/divimprove/fedprog/earlychild/ECDA/Index.htm>

For information regarding Parents as Teachers training and certification issues, contact:

Parents as Teachers National Center  
 2228 Ball Drive  
 St. Louis, MO 63146  
 Telephone – (573) 432-4330  
 Fax – (573) 432-8963  
[www.parentsasteachers.org](http://www.parentsasteachers.org)